MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

CERTIFICATE OF DEATH

13114

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Ten. Gen. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Wicomico

City or town White Haven Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Margaret Atkinson

3. (b) Social Security Number

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife William F. Atkinson

6(c) If alive, give age 87 years

7. Birth date of deceased (mo., day, yr.) January 3rd 1857

8. AGE: Years 84 Months 11 Days 25 If less than one day ___ hrs. ___ min.

9. Birthplace Worcester Co. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Milby Hudson

13. Birthplace Worcester Co.

MOTHER 14. Maiden name Margaret White

15. Birthplace Worcester Co.

16. Informant William F. Atkinson

Address White Haven Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 1st 1941 (month) (day) (year)

Cemetery or crematory Presbyterian Cem.

Location Princess Anne Md.

18. Funeral director Dale Dashiell

Address Princess Anne Md.

19. 12/28 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Dec 28 1940, and that I last saw her alive on Dec 28 1940.

Immediate cause of death Broncho-Pneumonia (Terminal) — DURATION 4 days

Due to Accidental fall, cuts R

Due to Fractured left Hip: fell off bitch in chair, in her home, November 1st, 1940. — 2 mo

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of December 1, 1940.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in her home.

Means of injury Accidental fall. Injured at work?

23. SIGNATURE L. Allen Field M.D. or other

Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131e)

13115

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Gen. Gen. Hospital

How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Worcester

City or town Girdletree Md Rural #1 (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war No

3.(a) FULL NAME Nelson Cooper Barnes

3.(b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Marion Barnes

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 6. – 1914

8. AGE: Years 26 | Months 0 | Days 6 | If less than one day ..... hrs. ..... min.

9. Birthplace: Girdletree Worcester Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: Wheatley F. Barnes

13. Birthplace: Maryland

MOTHER 14. Maiden name: Sula M. Riley

15. Birthplace: Maryland

16. Informant: Mr. Wheatley F. Barnes

Address: Girdletree Md Rural #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 15/40 (month) (day) (year)

Cemetery or crematory: Springhill Cem.

Location: Girdletree, Md.

18. Funeral director: Pearne + Dennis

Address: Snow Hill Md

19. 12/13 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 12 1940 at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/6 1940, to 12/12 1940 and that I last saw him alive on 12/12 1940

Immediate cause of death: Acute nephritis — DURATION: 10 days

Due to: Underlying Cause: Chronic nephritis. Duration: Not stated. C.W.G.R.

Due to:

Other conditions: History of previous "kidney trouble"

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Salisbury, Md. Date signed 12/13/40

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JAN 6 1941
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13116

Reg. Diat. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 76 years
Hospital, Institution, or street address where death occurred: 1305 E. Church
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1305 E. Church
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Elizabeth Ann Britton

3.(b) Social Security Number:

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widow
6.(b) Name of husband or wife: James F. Britton
6.(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): Aug. 16-1869
8. AGE: Years 71 Months 4 Days 7 If less than one day: hrs. min.
9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual occupation: Home m/s
11. Industry or business: At Home
FATHER 12. Name: William E. Pardoe
13. Birthplace: St. Mary's County Md.
MOTHER 14. Maiden name: Unknown
15. Birthplace: Baltimore Md.
16. Informant: Mr. Earl F. Pruett
Address: 1305 E. Church St. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 26-1940 (month) (day) (year)
Cemetery or crematory: Parsons Cemetery
Location: Salisbury Md.
18. Funeral director: Holloway & Walter R. Holloway
Address: Salisbury Md.
19. 12/26/1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 23rd 1940, at 1:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 20 1940, to Dec 23 1940, and that I last saw her alive on Dec 23 1940

	DURATION
Immediate cause of death: Coronary Occlusion.	
Due to: Hypertensive Arteriosclerotic ? Cardiovas. Disease	?
Due to:	
Other conditions: Obesity	
(Include pregnancy within 3 months of death)	

Major findings of operations: None
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Nature of injury: Injured at work?

23. SIGNATURE: J. Rivers Hanson, M.D.
M. D. or other
Address: 203 W. Church Date signed: Dec 25 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333 — 13117

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Berlin Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Brown

3. (b) Social Security Number:

4. Sex: male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced:

8 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 12-14-1940

8. AGE: Years: Sl'll born. Months: Days: If less than one day: hrs. min.

9. Birthplace: Salisbury Wic., Md. (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER 12. Name: Carl Brown

FATHER 13. Birthplace: North Carolina

MOTHER 14. Maiden name: Annie Smith

MOTHER 15. Birthplace: Berlin Md

16. Informant: Carl Brown

Address: Berlin, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/16/40 (month) (day) (year)

Cemetery or crematory: Berlin Cem.

Location: Berlin, Md.

18. Funeral director: John W. Burbage

Address: Berlin, Md.

19. 12/15/1940 (Date rec'd by registrar) Harry E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14 1940, at 3A 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,

and that I last saw h alive on ____ 19__.

Immediate cause of death: Intra-uterine Asphyxia — DURATION

Sl'll born.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Wm B. Smith M. D. or other

Address 418 Camden Ave. Salisbury Md. Date signed 12/15/40

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13118

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 mo. 4 days.
Hospital, institution, or street address where death occurred: 414. Martin st.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 414 Martin
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Virginia Lee Burke

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6.(a) Single, married, widowed, or divorced Baby
6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) July 13. 1940

8. AGE: Years | Months 5 | Days 4 | If less than one day ... hrs. ... min.

8. Birthplace P.G. Hospt. Salisbury Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name Robert Malone
13. Birthplace Salisbury Md.
MOTHER 14. Maiden name Frances V. Burke
15. Birthplace Salisbury Md.
16. Informant Frances V. Burke Peacock
Address 414. Martin st. Salisbury Md.
17. Burial (Burial, cremation, or removal Which?) Date thereof Dec. 18 1940 (month) (day) (year)
Cemetery or crematory Wango Cem.
Location Wango. Md
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. 12/18 1940 (Date rec'd by registrar) Harriet E. Johnson Social Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17th 1940, at 6.15 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical examiner, to ... 18...
and that I last saw h... alive on certificate 19...
Immediate cause of death Pneumonia — DURATION 3 days.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following: none
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE J. Lo Rademaker M.D. Deputy Medical Examiner M. D. or other
Address Salisbury Md Date signed 12/17/40

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-a)

13119

CERTIFICATE OF DEATH

Reg. Dist. No. 333

Items 6B & 6C Film GL356 97764 JMJ

1. PLACE OF DEATH

County: Wicomico

City or town: Salisbury Dem. Gen. Hospital
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Worcester

City or town: ~~Berlin~~ Berlin
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Dale O. Cathell

3. (b) Social Security Number

4. Sex: Male

5. Color or race: 20

6.(a) Single, married, widowed, or divorced: M

6.(b) Name of husband or wife: ~~Catherine~~ Charlotte Cathell

6.(c) If alive, give age ~~32~~ 27 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 32 | Months 9 | Days 4 | If less than one day ..... hrs. ..... min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business: Barber

FATHER
12. Name: Frank Cathell
13. Birthplace: Md.

MOTHER
14. Maiden name: Ruth Parsons
15. Birthplace: Md.

16. Informant: Frank Cathell

Address: Berlin Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 24 1940 (month) (day) (year)

Cemetery or crematory: Evergreen

Location: Berlin Md.

18. Funeral director: J. W. Burbage

Address: Berlin Md.

19. 12/22 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 21 1940 at 6:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17 1940, to Dec 21 1940 and that I last saw him alive on Dec 21 1940

Immediate cause of death: Delirium Tremens — DURATION: Mod

Due to: Chr Alcoholism — Ins

Due to

Other conditions: Hernia

(Include pregnancy within 3 months of death)

Major findings of operations: Hernia

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Salisbury Date signed 12/21/40

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (179-C)

13120

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: P.G. Hospt.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: Caroline
(For newborn infants give residence of mother)
State: Md. County: ~~Wicomico~~
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R.F.D.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Lester Combs

3.(b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): July 20, 1918
8. AGE: Years 22 Months 4 Days 24 — If less than one day ... hrs. ... min.
9. Birthplace: Wilkesboro N.C. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER
12. Name: Charles C. Combs
13. Birthplace: Wilkesboro N.C.
MOTHER
14. Maiden name: Della Pruitt
15. Birthplace: Wilkesboro N.C.
16. Informant: John Wood
Address: R.F.D. Greensboro Md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof: Dec. 21, 1940 (month) (day) (year)
Cemetery or crematory: Rachel Cem.
Location: Roaring River N.C.
18. Funeral director: R.B. Rawlings
Address: Greensboro Md
19. 12/21, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 14. 1940 19 at 8.25 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 to ... 19 and that I last saw h... alive on ... 19
Immediate cause of death: medical examiner's ... 19
Due to: Methyl (wood) alcohol poisoning — DURATION: 12 hrs
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings of operations
Date of op.
Autopsy results: Complete report on file
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: J.A. Rademacher Med — Deputy Med. Examiner
M. D. or other
Address: Salisbury Md Date signed: 12-28-40

RECEIVED
JAN 6 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

13121

1. PLACE OF DEATH 83-a

County Wicomico Registration Dist. No. 333

Village or City Salisbury No. Davis St. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis A. Cooper If U. S. Veteran, specify WAR No Social Security Number

(a) Residence: No. Sharptown, Md. St. Wic. Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 13 1856

7. AGE Years 84 Months 3 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Hiram B. Cooper

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Isabelle Huffington

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Nancy C. Bennett Sharptown

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Sharptown Date Dec 6, 1940

19. UNDERTAKER (Address) Graveyor Bros Sharptown

20. FILED 12/6, 1940 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) - 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1940 to only, 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 8:30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Apoplexy. Didn't know him before.

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Allen Fields M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13122

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Dec 7 - 1940
Hospital, Institution, or street address where death occurred:
Peninsula General Hospital
How long in hospital or institution? Dec 7 - 1940

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: maryland County: wicomico
City or town: Salisbury md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: Don't know

3.(a) FULL NAME: Herman Handy

3.(b) Social Security Number: Don't know

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a.a.	Don't know

6.(b) Name of husband or wife: Don't know
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 22 1913

8. AGE: Years	Months	Days	If less than one day
26	3	24	hrs. min.

9. Birthplace: accomac va (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: no

FATHER
12. Name: Handy Handy
13. Birthplace: accomac va

MOTHER
14. Maiden name: Pamelia Mason
15. Birthplace: Accomac va

16. Informant: Alfred Ames
Address: melfa va

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 22-1940 (month) (day) (year)
Cemetery or crematory: Pungoteague Cemetary
Location: Pungoteague Va.

18. Funeral director: Alfred Ames
Address: melfa va

19. 12/16/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12-16-40. 19..., at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-1 19.40 to 12-16-40. 19...
and that I last saw h... alive on 12-16-40. 19...

Immediate cause of death	DURATION
Generalized Miliary Tuberculosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results: Gen'l Miliary Tbc.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE: D Allen Wells M. D. or other
Address: Salisbury Md. Date signed 12-16-40.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

13123

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 61 years

Hospital, Institution, or street address where death occurred: 405 Bush St.

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No. 405 Bush
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Charles Dashiell

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife ✓

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1879.

8. AGE:

Years	Months	Days	If less than one day
61	1	17	hrs. min.

9. Birthplace: Wicomico Co., Md. (Town, county, and state)

10. Usual occupation: Poultry Farmer

11. Industry or business

FATHER
12. Name: Orlando Dashiell
13. Birthplace: Wicomico Co., Md.

MOTHER
14. Maiden name: Ella A. Bradley
15. Birthplace: Wicomico Co., Md.

16. Informant: Miss Anne C. Dashiell
Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/31/40 (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.
Address: Salisbury, Md.

19. 12/31, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 29, 1940, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1940, to Dec 29 1940 and that I last saw him alive on Dec 29 1940

Immediate cause of death: Valvular Heart Disease — Carcinoma of Cervical Neck

	DURATION
Valvular Heart Disease	Unknown
Carcinoma of Cervical Neck	4 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Hunter R Mann M. D. or other

Address: Salisbury Md Date signed Dec 30-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (175a)

13124

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Worcester

City or town Near Stockton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME James Purnell Davis

3. (b) Social Security Number ✓

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Beulah Davis

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) October 30, 1876

8. AGE: Years 63 | Months 1 | Days 19 | If less than one day ___ hrs. ___ min.

9. Birthplace Box Iron, Worcester, Md (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Joshua Davis
13. Birthplace Md

MOTHER
14. Maiden name Sallie Merritt
15. Birthplace Md.

16. Informant Mrs. Beulah Davis

Address Stockton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 15, 1940 (month) (day) (year)

Cemetery or crematory Remson Cemetery

Location Near Pocomoke City, Md

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md

19. 12/12, 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1940, at 4:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___ and that I last saw h ___ alive on ___ 19___

medical examiner's certificate

Immediate cause of death: Fractured skull — DURATION: 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Craniotomy as above

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Yes

Accident, suicide, or homicide accident Date of 12-9-40

Where did injury occur? Snow Hill (City or town) Worcester (County) Md (State)

Injured at home, farm, industry, public place (where?) Public highway

Means of injury Fell from Cart Injured at work? No

23. SIGNATURE J. O. Rademaker M.D. Deputy Med Examiner M. D. or other

Address Salisbury, Md Date signed 12-12/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

13125

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore TB Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 2 yr. 1 mo 13 d.

Stay in this community (yrs., or mos., or days) 2 yr 1 mo 13 d

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Pittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ---
(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR ---

3. (a) FULL NAME John F Dennis

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Sarah L Dennis

6(c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1899

8. AGE:

Years	Months	Days	If less than one day
41	3	9	---hrs. ---min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation none

11. Industry or business -

FATHER
12. Name J. Lee Dennis
13. Birthplace Maryland

MOTHER
14. Maiden name Annie Powell
15. Birthplace Maryland

16. Informant Deceased on admission
Address Pittsville, Md.

17. Burial Date thereof 12/15/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dennis Cemetery

Location Near Hallands, Md.

18. Funeral director Wm. Howard Wells

Address Pittsville, Md.

19. 12/12/1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1940, at 5.20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/29/38 19---, to 12/12/40 19---, and that I last saw h- im alive on 12/11/40 19---

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 1/2 yr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ---

Of autopsy ---

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---

Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury --- Injured at work?

23. SIGNATURE Paul Green M.D.
M. D. or other

Address Salisbury Date signed 12/12/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-1)

CERTIFICATE OF DEATH

Dr. Mann 13126

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 202 Lake St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 202 Lake St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Enda Downing

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Widow

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE:

Years	Months	Days	If less than one day
87			hrs. min.

9. Birthplace Accomac, Va. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home.

FATHER

12. Name Isaac Downey

13. Birthplace Va.

MOTHER

14. Maiden name unknown

15. Birthplace

16. Informant Joseph Reed

Address 202 Lake St, Salisbury Md.

17. Burial Date thereof 12/9/40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Houston Cem.

Location Salisbury Md.

18. Funeral director Myers Messick & Davis

Address Hebron, Md.

19. 12/9 1940 Harriet E. Johnson

(Date rec'd by registrar) Reg. Dist. No. 333 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/6/40 19 , at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/4 19 40 to 12/6 19 40, and that I last saw her alive on 12/4 19 40.

Immediate cause of death Cerebral Hemorrhage — DURATION 3 mos 2 days

Due to Hypertension

Due to

Other conditions Diabetes Heart Disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hiram R Mann M. D. or other

Address Salisbury Md Date signed 12/8/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(122-a)

CERTIFICATE OF DEATH

B 13127

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Maryland (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Virginia County Accomac

City or town Onancock (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME George T. Finney

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mabel E. Finney

6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 14 - 1876

8. AGE: Years 64 | Months 6 | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace Accomack Co (Town, county, and state)

10. Usual occupation Rail Road Trainer

11. Industry or business

FATHER 12. Name William B. Finney

FATHER 13. Birthplace Accomack Co

MOTHER 14. Maiden name Margaret Mapp

MOTHER 15. Birthplace Accomack Co

16. Informant Mrs. Mabel E. Finney

Address Onancock, Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 19 - 1940 (month) (day) (year)

Cemetery or crematory Mt. Hully

Location Onancock, Va.

18. Funeral director Brimdick Johnson Co

Address Onancock, Va.

19. 12/19/1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17, 1940, at 55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-15 1940 to 12-17 1940, and that I last saw him alive on 12-17-1940 1940

Immediate cause of death	DURATION
Acute Heart Failure	hours
Due to Chr. Myocarditis	Years
Due to Intestinal Obstruction	
due to strangulated Hernia	hours
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Strangulated Hernia

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T M Finney M. D. or other

Address Salisbury Date signed 12/19/40

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BUREAU V. S.

Dr. Lewis

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

13128

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
County Wicomico
City or town Pittsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 mo. 9 da
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Pittsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Edward Lee Gordy

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Baby
6.(b) Name of husband or wife
6.(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Nov. 10 - 1940

8. AGE: Years | Months 1 | Days 9 | If less than one day ... hrs. ... min.

9. Birthplace P.G. Hospt. Salisbury Md (Town, county, and state)
10. Usual occupation Baby.
11. Industry or business
FATHER 12. Name Ralph E. Gordy
13. Birthplace Pittsville Md
MOTHER 14. Maiden name Alice V. Boyman
15. Birthplace Seaford Del.
16. Informant Mr. Ralph E. Gordy
Address Pittsville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 20 - 1940 (month) (day) (year)
Cemetery or crematory Pittsville Cem.
Location Pittsville Maryland
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md
19. Dec. 20, 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19th 1940 at 6 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10th 12-19-40 to ... 19
and that I last saw him alive on Dec 18, 1940 19
Immediate cause of death Bronchi pneumonia — DURATION 4 days
Due to
Due to
Other conditions Pertussis
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank K. Lewis M. D. or other
Address Willards Md Date signed 12-20-40

VS A15 (1) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

13129

Reg. Dist. No. 333

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County: Wicomico

City or town: Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8

Hospital, institution, or street address where death occurred:

P. G. Hospital

How long in hospital or institution? 10

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Snow Hill Md Route 2

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME: Robert Curtis Gordy

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Jan. 22 1936

8. AGE: Years: 4 Months: 10 Days: 16 If less than one day: hrs. min.

9. Birthplace: Snow Hill Worcester Md (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: John W. Gordy

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Alice V. Hudson

15. Birthplace: Maryland

16. Informant: Mr. John W. Gordy

Address: Snow Hill Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Dec. 10 40 (month) (day) (year)

Cemetery or crematory: M. E. Cemetery

Location: Snow Hill Md

18. Funeral director: Pearce & Purnell

Address: Snow Hill Md

19. 12/9 1940 Harriet E. Johnson Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 8 1940, at 6:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 8 1940, to Dec 8 1940

and that I last saw h[illegible] alive on Dec 8 1940

Immediate cause of death	OURATION
General peritonitis	2 days
Due to: Ruptured gangrenous appendicitis	2 days
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: General peritonitis Ruptured gang appendicitis Date of op. 12-8-40

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. A. Rademaker M.D. (M. D. or other)

Address: Salisbury Md Date signed: 12-8-40

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JAN 6 1941
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

13130

Reg. Diat. No. 332

1. PLACE OF DEATH:
County: Wicomico
City or town: Parsonsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 26 years
Hospital, Institution, or street address where death occurred: Parsonsburg, Md.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Wicomico
City or town: Parsonsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mrs. Mary E. Ditchens

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: James B. Ditchens
6.(c) If alive, give age: 82 years

7. Birth date of deceased (mo., day, yr.): June 6, 1862

8. AGE: Years	Months	Days	If less than one day
78	6	14	..... hrs. ..... min.

9. Birthplace: Parsonsburg, Wicomico, Maryland (Town, county, and state)
10. Usual occupation: Home Wife
11. Industry or business: Own Home
12. FATHER — Name: Isaac Avery
13. FATHER — Birthplace: Parsonsburg, Md.
14. MOTHER — Maiden name: Sallie Gravenor
15. MOTHER — Birthplace: Parsonsburg, Md.
16. Informant: Edward S. Ditchens
Address: 406 Chestnut St. Delmar, Del.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 22 1940 (month) (day) (year)
Cemetery or crematory: M. E. Church Yd.
Location: Parsonsburg, Md.
18. Funeral director: The Hill and Johnson Co.
Address: Salisbury, Maryland.
19. Dec. 20 1940 (Date rec'd by registrar) Lillian R. Davis Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 20 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13 1940, to Dec 20 1940
and that I last saw her alive on March 13 1940

Immediate cause of death	DURATION
Cardiac Renal Disease	9 Mos
Due to: Chronic Arthritis	1 yr
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles N. Brown M.D. M. D. or other
Address: Salisbury Md. Date signed 12/20/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 7 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

13131

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (46-F)

County Wicomico — Registration Dist. No. 337

Village or City Manticoke — No. ____ St. ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Thomas Holbrook — If U. S. Veteran, specify WAR ____

(a) Residence: No. Manticoke St. ____ Ward. ____ (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Hester Estella Holbrook

6. DATE OF BIRTH (month, day, and year) April 7 1889

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
51	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. oystermans

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Manticoke (State or country) Md

FATHER

13. NAME James Holbrook

14. BIRTHPLACE (city or town) Manticoke (State or country) Md

MOTHER

15. MAIDEN NAME Annie Gray

16. BIRTHPLACE (city or town) Manticoke (State or country) Md

17. INFORMANT Hester Estelle Holbrook (Address)

18. BURIAL, CREMATION, OR REMOVAL — Place Manticoke Date 1/2, 1941

19. UNDERTAKER Mrs Lee Messick & Sons (Address) Princess Md

20. FILED Jan 4, 1941 R. Woolford Waller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 30, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1940, to Dec 30, 1940. I last saw h— alive on Dec 30, 1940. death is said to have occurred on the date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Other Contributory Causes of Importance:	

Name of operation ____ Date of ____

Whet test confirmed diegnosis? ____ Wes there an autopsy? ____

23. If death wes due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Dete of Injury ____, 19____

Where did Injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Menner of Injury ____

Nature of Injury ____

24. Was disease or Injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) D Allen Tyeld M. D.

(Address) Manticoke Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The **principal cause of death** and related causes of importance were as follows:	Date of onset	The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
JAN 7 1941
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13132

CERTIFICATE OF DEATH

Reg. Diat. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke city, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Houtz

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9, 1940

8. AGE: Years | Months | Days | If less than one day: Stillborn hrs. min.

9. Birthplace Salisbury, Wicomico, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Charles J. Houtz

FATHER 13. Birthplace Tenn.

MOTHER 14. Maiden name Lettie Grisart

MOTHER 15. Birthplace md

16. Informant Charles J. Houtz

Address Pocomoke city, Md R.F.D.#2

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 11, 1940 (month) (day) (year)

Cemetery or crematory Presbyterian Cemetery

Location Pocomoke city, Md

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md.

19. 12/10 (Date rec'd by registrar) 1940 Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9th 1940, at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/9 1940, to 12/9 1940, and that I last saw h[illegible] on 12/9 1940.

Immediate cause of death	DURATION
Stillborn infant	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas J. Houtz M.D.
M. D. or other

Address Salisbury Md Date signed 12/10/40

RECEIVED
JAN 6 1941
BUREAU V. S.

13133

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (8)

County Wicomico Registration Dist. No. 337

Village or City Tyaskin Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Jones. Twin

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 12-17-40

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

Stillborn 6 mo

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tyaskin Md. Burkett.

FATHER

13. NAME Rodney ~~JONES~~ Jones

14. BIRTHPLACE (city or town) (State or country) Tyaskin Md.

MOTHER

15. MAIDEN NAME Florence Jones.

16. BIRTHPLACE (city or town) (State or country) Rocawalkin Md.

17. INFORMANT (Address) Father Tyaskin Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Tyaskin Md. Date Dec. 18, 1940

19. UNDERTAKER (Address) Father Rodney Jones Tyaskin Md.

20. FILED Dec. 17, 1940 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 17 (Day) 40 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still born 6 Mo male (1 of twins male)

Date of onset

Other Contributory Causes of importance:

Premature Birth

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D Allen Fields M.D.

(Address) Nanticoke Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

JAN 7 1941
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

13134

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (3)

County Wisconsin Registration Dist. No. 337

Village or City Tyaskin Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Jones Twin 2

(a) Residence: No. Tyaskin Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 12-17-40.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

Premature 6 mo

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tyaskin Md

FATHER

13. NAME Rodney Jones.

14. BIRTHPLACE (city or town) (State or country) Tyaskin Md.

MOTHER

15. MAIDEN NAME Florence Birkett.

16. BIRTHPLACE (city or town) (State or country) Rocawalkin Md.

17. INFORMANT (Address) father.

18. BURIAL, CREMATION, OR REMOVAL

Place Tyaskin Md Date Dec 18, 1940

19. UNDERTAKER (Address) Father Rodney Jones Tyaskin Md

20. FILED Dec 17, 1940 R. Woolford Waller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on 12-17-40, 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still born No 2 of 6 mo Premature twins

Date of onset

Other Contributory Causes of Importance:

Premature birth

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D Allen Field M. D.

(Address) Nanticoke Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JAN 7 1941
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(462)

13135

CERTIFICATE OF DEATH

Reg. Diat. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Rural, Salisbury R.D. 4
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, Institution, or street address where death occurred: ✓
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Salisbury, R.D. 4
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Edward Merrill Kelley

3.(b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Jessie B. Kelley
6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): June 1, 1868.

8. AGE: Years: 71 | Months: 6 | Days: 18 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Wicomico Co., Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: ✓

FATHER
12. Name: David Kelley
13. Birthplace: Wicomico Co., Md.

MOTHER
14. Maiden name: Mattie Lykes
15. Birthplace: Wicomico Co., Md.

16. Informant: Mrs. Jessie B. Kelley
Address: Salisbury, Md. R.D. 4

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/22/40 (month) (day) (year)
Cemetery or crematory: Union M.E. Church
Location: Near Salisbury, Md.

18. Funeral director: E. Neil & Johnson Co.
Address: Salisbury, Md.

19. 12/21, 19.40 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 19, 1940, at 7.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938, to Dec 19 1940
and that I last saw h[illegible] alive on Dec. 18 1940

Immediate cause of death	DURATION
Carcinoma of Intestines	2 yrs
Due to	
Due to	
Other conditions Valvular Heart Disease	chronic
Hypertension	chronic

(Include pregnancy within 3 months of death)

Major findings of operation: Opening & closing abdomen (inoperable) Date of op. Dec 40

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Hunter R Mann M. D. or other
Address: Salisbury, Md. Date signed 12/20/40

RECEIVED
JAN 6 1941
BUREAU V. S.

13136

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: ~~near~~ Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: P.G. Hospt.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: ~~Baltimore~~ Walston Switch
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Frank Logan

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced
6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 47 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER: 12. Name
13. Birthplace
MOTHER: 14. Maiden name
15. Birthplace
16. Informant
Address

No other record

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 24-1940 (month) (day) (year)
Cemetery or crematory: Parsons Cem.
Location: Salisbury Md.
18. Funeral director: Hollowy & Co. Walter R. Hollowy
Address: Salisbury Md.
19. 12/24, 1940 (Date rec'd by registrar) Harriet E. Johnson Sodal Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 22nd 1940, at ... M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ... and that I last saw h ... alive on ... 19 ...
medical examiner's certificate

Immediate cause of death	DURATION
Compound fractured skull	3 hours
Due to	
Due to	
Other conditions: Fractured Rt femur.	same

(Include pregnancy within 8 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of 12/22/40
Where did injury occur? Walston's (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?) Public highway
Means of injury: Pedestrian struck by car Injured at work?

23. SIGNATURE: Dr. Rodenghe M.D. Deputy Med Examiner M. D. or other
Address: Salisbury, Md Date signed 12/28/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

13137

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92nd)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Three days

Hospital, Institution, or street address where death occurred: Peninsula General Hospital

How long in hospital or institution? Three days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL and give nearest town)

Street No. 309 E. William Street (If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Fauna Shaull McBriety

3. (b) Social Security Number —

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband ~~or wife~~ Ernest S. McBriety

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) June 22, 1892

8. AGE: Years 48 | Months 6 | Days 4 | If less than one day — hrs. — min.

9. Birthplace Martinsburg, W. Va. (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business —

FATHER: 12. Name Thomas Shaull

13. Birthplace Martinsburg, W. Va.

MOTHER: 14. Maiden name Don't know

15. Birthplace Unknown

16. Informant Ernest S. McBriety

Address Salisbury, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 29, 1940 (month) (day) (year)

Cemetery ~~or crematory~~

Location Martinsburg, W. Va.

18. Funeral director The Hill and Johnson Co.

Address Salisbury, Maryland.

19. 12/28, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1940, at 5P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 23 1940, to Dec 26 1940 and that I last saw her alive on Dec 26 1940

Immediate cause of death	DURATION
Uraemia	3 days
Due to	
Due to	
Other conditions Chronic valvular heart disease (Include pregnancy within 3 months of death)	3 yrs

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. C. Wimmer M. D. M. D. or other

Address Salisbury Md Date signed Dec 27

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

WITHIN CORPORATE LIMITS

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

13138

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico

City or town Pittsville Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Pittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR None.

3. (a) FULL NAME John James Middleton

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lavinia Middleton

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Dec 20 1940

8. AGE: Years 69 | Months — | Days 2 | If less than one day ___ hrs. ___ min.

9. Birthplace near Delmar Del.
(Town, county, and state)

10. Usual occupation Plummer & Electric

11. Industry or business —

FATHER
12. Name James B. Middleton
13. Birthplace Unknown

MOTHER
14. Maiden name Hettie C. Davis
15. Birthplace Pittsville Md.

16. Informant Lewis Middleton
Address Pittsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 24 1940 (month) (day) (year)

Cemetery or crematory Grace M.P. Cemetery

Location Pittsville Md.

18. Funeral director Wm. Howard Wells

Address Pittsville Md.

19. Dec. 24 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940, at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1939, to Dec 22 1940, and that I last saw h~~e~~ alive on Dec 22 1940.

Immediate cause of death: Acute Nephritis — DURATION 6 Mo
Valvular heart — 1 yr
Due to Prostatitis — 1 yr
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles N. Brown M.D. M. D. or other
Address Salisbury Md. Date signed 12/23/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

13139

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 57 years
Hospital, institution, or street address where death occurred: Peninsula General Hospital
How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 717 Bond St.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME Killian C. Morris

3.(b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Ella M. Morris
6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 16, 1853.

8. AGE:

Years	Months	Days	If less than one day
87	0	9	..... hrs. ..... min.

9. Birthplace: Wicomico Co., Md. (Town, county, and state)
10. Usual occupation: Retired truck foreman
11. Industry or business: Penn. Railroad
FATHER 12. Name: Elijah Morris
FATHER 13. Birthplace: Sussex Co., Delaware
MOTHER 14. Maiden name: Sarah Pusey
MOTHER 15. Birthplace: Sussex Co., Delaware
18. Informant: Killian C. Morris,
Address: 3443 N. Bradley St., Phila. Pa.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/27/40 (month) (day) (year)
Cemetery or crematory: Parsons
Location: Salisbury, Md.
18. Funeral director: H. Neil Johnson Co.
Address: Salisbury, Md.
19. 12/27, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 25, 1940, at 3 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/22 1940, to 12/25 1940
and that I last saw him alive on 12/25 1940

Immediate cause of death	DURATION
Uraemia	3 days
Due to: Cardio-renal vascular disease	same
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Salisbury, Md. Date signed 12/27/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13154

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula Hospital
Stay in hospital or inst. (yrs., or mos., or days) 13 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Kingston Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Peter Milbourne
3. (b) Social Security Number

4. Sex Male
5. Color or race Col.
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Alice Milbourne
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 16 - 1882
8. AGE: Years 58 Months 8 Days 25 If less than one day hrs. min.
9. Birthplace (Town, county, and state) [illegible]
10. Usual occupation [illegible]
11. Industry or business
FATHER 12. Name Henry Milbourne
13. Birthplace Westover, Som. Co., Md.
MOTHER 14. Maiden name Joanna Jackson
15. Birthplace Morunsco, Som. Co., Md.
16. Informant Mr. William Milbourne
Address Marion Station, Som. Co., Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/15/40 (month) (day) (year)
Cemetery or crematory Westover Cem.
Location Westover, Md.
18. Funeral director Chas H Ward
Address Marion Md
19. 12/12, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-11- 1940, at 7:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-28- 1940, to 12-11- 1940, and that I last saw him alive on 12-11- 1940.
Immediate cause of death Chr Myocarditis — DURATION [illegible]
Due to Chr Hypertrophy Prostate — [illegible]
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ✓ Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — injured at work?

23. SIGNATURE [signature] M. D. or other
Address [illegible] Date signed 12/12/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (179-O)

13140

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, institution, or street address where death occurred: Wico. County Jail
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1014 E. Church street
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Victor James Mumford

3.(b) Social Security Number: 217-10-8409

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Olive V. Mumford
6.(c) If alive, give age: 40 years
7. Birth date of deceased (mo., day, yr.): Oct. 31. 1896

8. AGE: Years: 44 Months: 1 Days: 14 If less than one day: hrs. min.

9. Birthplace: Berlin Md. (Town, county, and state)
10. Usual occupation: Electrician
11. Industry or business:
FATHER
12. Name: Solomon B. Mumford
13. Birthplace: Berlin Md.
MOTHER
14. Maiden name: Ida V. Conner
15. Birthplace: Gudletree Md.
16. Informant: Mrs. Ida V. Mumford
Address: 1014. E. Church St. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 16-1940 (month) (day) (year)
Cemetery or crematory: Eve Green Cem.
Location: Berlin Md.
18. Funeral director: Holloway & Co. Walter R. Holloway Jakademaker M.D.
Address: Salisbury Md.
19. 12/16, 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 14th 1940 19 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical examiner to 19 and that I last saw h alive on certificate 19

Immediate cause of death: wood (methyl) alcohol poisoning — DURATION: 12 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: Complete report on file.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE. If death was due to external causes, fill in the following;
Accident, suicide, or homicide ~~Suicide~~ ? Date of 12
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Deputy Med Examiner M. D. or other
Address: Salisbury Md Date signed 12/28/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

A 13141

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (920)

County Worcester Registration Dist. No. 337

Village or City Manticoke No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurred yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Adolphus Oliver Nuttter If U. S. Veteran, specify WAR

(a) Residence: No. Port Norris N J St., Ward

(Usual place of abode) If nonresident give city or town and State

Social Security no. 155-07-9613

Port Norris N.J.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hester Nuttter

6. DATE OF BIRTH (month, day, and year) Jan 13 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	11	17	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Dredger

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. on oyster dredge boat

10. Date deceased last worked at this occupation (month and year) Nov 1940

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) Manticoke (State or country) Md

FATHER

13. NAME Robert Nuttter

14. BIRTHPLACE (city or town) Manticoke, (State or country) Md

MOTHER

15. MAIDEN NAME Theresa Hong

16. BIRTHPLACE (city or town) Manticoke (State or country) Md

17. INFORMANT Robert A. Nuttter (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Manticoke Date 12/11, 1940

19. UNDERTAKER Mrs Lib Messick & Sons (Address) Princess Anne, Md.

20. FILED Dec 11, 1940 R. Woolford Wallis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended daceasad from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to hava occurred on the date stated above, at 6.20 a.m.

The **PRINCIPAL CAUSE OF DEATH** and releted causas of importanca were as follows:

	Date of onset
Not attended - Dead when I arrived. Had Generalized Edema. Probable cause Coronary Thrombosis	
Other Contributory Causes of importanca: Endocarditis	

Name of operetion ... Date of ...

What test confirmed diagnosis? ... Was thare an autopsy? ...

23. If death was dua to external causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? ... Dete of injury ..., 19...

Whare did Injury occur? ... (Specify city or town, county and State)

Spacify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Natura of injury ...

24. Was diseasa or injury in any wey related to occupation of deceased? ...

If so, spacify ...

(Signed) D Allen Field M. D.

(Address) Manticoke Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

JAN 7 1941
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

13142

Reg. Diat. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Willards

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: md. County: Wicomico

City or town: Willards

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: -

3. (a) FULL NAME Charles E. Palmer

3. (b) Social Security Number -

4. Sex: Male

5. Color or race: W

6.(a) Single, married, widowed, or divorced: M

6.(b) Name of husband or wife: Emma J. B. Palmer

6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): June 26, 1890

8. AGE: Years: 58 Months: 6 Days: - If less than one day: hrs. min.

9. Birthplace: Md Maine (Town, county, and state)

10. Usual occupation: Filling Station

11. Industry or business

FATHER 12. Name: Wm. Palmer

13. Birthplace: Md Maine

MOTHER 14. Maiden name: Nettie Spaulding

15. Birthplace: Md. Maine

16. Informant: Emma J. B. Palmer

Address: Willards md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Dec 28 1940 (month) (day) (year)

Cemetery or crematory: Willards md (Buckingham)

Location: Willards md.

18. Funeral director: J. A. Bratten

Address: Willards md.

19. Dec. 28 1940 (Date rec'd by registrar) Lillian R. Davis Registrar

Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 26 1940, at 1 a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 26 1940 to date of death and that I last saw h[illegible] alive on Dec 26 1940

Immediate cause of death	DURATION
Coronary thrombosis	
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frank Lems M. D. or Other

Address: Willards Md Date signed: Dec 28 '40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

CHANGES on personal side of certificate: letter 4/8/41
under DR. LEWIS, permanet file. - LL

RECEIVED
JAN 7 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (16)

13143

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury Md R F D

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): Dont Know

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Salisbury Md R F D Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: no North of Salisbury

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Herbert Parker

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a.a.	Dont know

6 (b) Name of husband or wife: Dont know

6(c) If alive, give age: Dont know years

7. Birth date of deceased (mo., day, yr.):

8. AGE: Years	Months	Days	If less than one day
about 50	-	-	hrs. min.

9. Birthplace: N. C.

(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: no

FATHER 12. Name: unknown

FATHER 13. Birthplace: unknown

MOTHER 14. Maiden name: unknown

MOTHER 15. Birthplace: unknown

16. Informant: Wicomico Co Sheriff Office

Address: Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 5 - 1940 (month) (day) (year)

Cemetery or crematory: Public Cemetery

Location: Salisbury, Md

18. Funeral director: James H Stewart

Address: Salisbury Md

19. 12/6 1940 (Date rec'd by registrar) Harriet E Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 1 1940, at about 3 30 P.M

21. I CERTIFY that death occurred on the date above-stated; that I attended deceased from Dec 1 1940 to Dec 1 1940

and that I last saw h[illegible] alive on Dec 1 1940

Immediate cause of death: Bullet wounds of head and neck — DURATION: Instant death

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: homicide Date of Dec 1 1940

Where did injury occur? near Salisbury Wicomico Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): farm

Means of injury: shot by 22 cal. gun by another person Injured at work? no

23. SIGNATURE: [illegible] Deputy Medical Examiner M. D. or other

Address: Salisbury Md Date signed 12-2-40

RECEIVED
JAN 6 1941
BUREAU V. S.

13144

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: New Powellville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: New Powellville (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Mary M. Parsons

3. (b) Social Security Number: —

4. Sex: Female

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): about

8. AGE: Years: 74 | Months: | Days: | If less than one day ... hrs. ... min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER: 12. Name: John Parsons

13. Birthplace: Md

MOTHER: 14. Maiden name: Mary J. Palmer

15. Birthplace: Md.

16. Informant: Edward Jones

Address: Powellville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 13 1940 (month) (day) (year)

Cemetery or crematory: Jones Cemetery

Location: New Powellville

18. Funeral director: J. W. Burbage

Address: Bulls Md.

19. Dec. 13 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 11 1940, at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 1940 to Dec 11 1940 and that I last saw her alive on Dec 11 1940

Immediate cause of death: Cerebral hemorrhage — DURATION: 2 days

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ... Injured at work?

23. SIGNATURE: Frank Lewis M.D. M. D. or other

Address: Willards Md Date signed: 12-13-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13145

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? about 16 years
Hospital, institution, or street address where death occurred: Peninsula General Hospital
How long in hospital or institution? about 11 1/2 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Wicomico
City or town: Salisbury Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 601 Lake St
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3. (a) FULL NAME
George Pettyjohn

3. (b) Social Security Number

4. Sex: male
5. Color or race: a.a.
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife: no
6.(c) If alive, give age: no years
7. Birth date of deceased (mo., day, yr.): Feb 14 1912

8. AGE: Years: 28 Months: 10 Days: 15 If less than one day: hrs. min.

9. Birthplace: Lewis Del (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: no

FATHER
12. Name: George Pettyjohn
13. Birthplace: Camden N.J.

MOTHER
14. Maiden name: Carrie Woodland
15. Birthplace: Millsboro Del

16. Informant: Mr Joseph Whaley
Address: Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 28-1940 (month) (day) (year)
Cemetery or crematory: Hanslow
Location: Salisbury

16. Funeral director: James F. Stewart
Address: Salisbury Md

19. 12/28, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 25th 1940, at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/25 1940, to 12/25 1940 and that I last saw him alive on 12/25 1940.

Immediate cause of death: Compound fracture of skull — DURATION: 1 day
Due to: Automobile accident
Due to:
Other conditions:
(Include pregnancy within 8 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 12-25-40
Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?): Public street
Means of injury: Hit & run struck by car Injured at work? no.

23. SIGNATURE: Clara Fischer M.D. or other
Address: Salisbury Md Date signed: 12/25/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

13146

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico.

City or town Pittsville. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Passing through Sudden death.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Worcester

City or town Mr. Berlin (rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Mr. Timmonstown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joshua Wesley Powell.

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married.

6 (b) Name of husband or wife Nancy E. Powell.

Near Timmonstown (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 4th 1886

8. AGE: Years 54 Months 8 Days 16 If less than one day ____ hrs. ____ min.

9. Birthplace near Libertown
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business None.

FATHER
12. Name George Powell.
13. Birthplace Near Libertown

MOTHER
14. Maiden name Phebie Truitt
15. Birthplace near Libertown

16. Informant Reetle Wainright.

Address Berlin md R.F.D. #3

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 23 1940 (month) (day) (year)

Cemetery or crematory Riverside Cemetery.

Location Near Libertown. Md.

18. Funeral director Wm. Howard Wells.

Address Pittsville, md.

19 Dec. 20 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1940, at 10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical exam & calificate 19 ____, and that I last saw h ____ alive on ____ 19 ____.

Immediate cause of death Cerebral Hemorrhage

DURATION sudden death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M.D. Deputy Med Examiner M. D. or other

Address Salisbury Md Date signed 12/20/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

13147

Reg. Dist. No. 11 336

1. PLACE OF DEATH:

County Wicomico

City or town Delmar, Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: East Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Delmar, Md. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. East (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Pearl Ellen Powell

3. (b) Social Security Number 221-07-2321

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: J. Elmer Powell

6(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1902

8. AGE: Years 38 | Months 11 | Days 4 | If less than one day ____ hrs. ____ min.

9. Birthplace Farmington, Del (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER
12. Name Robert Wingate
13. Birthplace Delaware

MOTHER
14. Maiden name Martha Moore
15. Birthplace Delaware

16. Informant J. Elmer Powell

Address Delmar, Del

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 12/7/40 (month) (day) (year)

Cemetery or ~~crematory~~ M. P.

Location Delmar, Del

18. Funeral director Will S. Marvel

Address Delmar, Del

19. Dec 7, 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/5/1940, at 1:38 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1940, to Dec 5 1940, and that I last saw her alive on Dec 4 1940.

Immediate cause of death Coma — DURATION 4 days

Due to Carcinoma of Liver — 6 mos.

Due to Carcinoma of Breast — 3 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Delmar Del Date signed Dec 7/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Division of Law

RECEIVED
JAN 6 1941
BUREAU V. S.

Dr. Brown

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46B)

13148

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
County: Wicomico
City or town: Parsonsburg RD-#2
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred: Wico. County
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Parsonsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R.D. #2
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Lee Virgil Shockley

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Lucy C. Shockley
6.(c) If alive, give age: 58 years
7. Birth date of deceased (mo., day, yr.): March 28 - 1882

8. AGE: Years: 58 Months: 8 Days: 15 If less than one day: hrs. min.

9. Birthplace: R.F.D. #2 Parsonsburg Md
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Purnell Shockley
13. Birthplace: Powellville Md
MOTHER
14. Maiden name: Rose Hancock
15. Birthplace: Powellville Md
16. Informant: Mrs. Lucy C. Shockley
Address: R.D. #2 Parsonsburg Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 15-1940 (month) (day) (year)
Cemetery or crematory: Parsonsburg Cem
Location: Parsonsburg Md.
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.
19. Dec. 15, 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 13. 1940 19 (5 a M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1940, to Dec 13 1940 and that I last saw him alive on Dec 13 1940

Immediate cause of death: Carcinoma of Stomach — DURATION: 6 Mos

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles F. Brown M.D. M. D. or other
Address: Salisbury Md Date signed: 12/14/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 7 1941
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13149

Reg. Diat. No. 3 31

1. PLACE OF DEATH:
County: Thomas
City or town: Nelson R.D. 1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 77 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Thomas
City or town: Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near Dunkirk Thomas Co.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Emma J. Taylor

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: C. Boyd Taylor
6.(c) If alive, give age: 63 years
7. Birth date of deceased (mo., day, yr.): June 8, 1885.

8. AGE: Years: 55 | Months: 6 | Days: 16 | If less than one day: ...hrs. ...min.

9. Birthplace: Los Angeles, California
(Town, county, and state)
10. Usual occupation: At Home
11. Industry or business:

FATHER
12. Name: Franklin Saunders
13. Birthplace: New York State

MOTHER
14. Maiden name: Annie Taylor
15. Birthplace: Illinois

16. Informant: C. Boyd Taylor
Address: Nelson, Md. R.D. 1

17. Burial
(Burial, cremation, or removal. Which?) Date thereof 12/26/40 (month) (day) (year)
Cemetery or crematory: Episcopal
Location: Dunkirk, Md.
18. Funeral director: The Hill & Wilson Co.,
Address: Salisbury, Md.

19. Dec 26 1940 (Date rec'd by registrar) Mrs J M Hallock Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 24, 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Dec 24 1940
and that I last saw her alive on Dec 23 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 yr?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: D Allen Field M. D. or other
Address: Hunterville Date signed 12-26-40

JAN 4 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-C)

13150

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, Institution, or street address where death occurred: Peninsula General Hospital

How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Rural (If outside city or town limits, write RURAL and give nearest town)

Street No.: Delmar, Del. R. D. 2 (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Walter William Taylor

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: ✓

6.(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Aug. 10, 1914

8. AGE: Years: 26 Months: 4 Days: 13 If less than one day: ..... hrs. ..... min.

9. Birthplace: Mardela Springs, Wicomico, Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: ✓

FATHER
12. Name: John B. Taylor
13. Birthplace: Wicomico Co., Md.

MOTHER
14. Maiden name: Martha E. Bennett
15. Birthplace: Worcester Co., Md.

16. Informant: Josiah A. Taylor,
Address: Delmar, Del. R.D. 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/26/40 (month) (day) (year)

Cemetery or crematory: Mardela

Location: Mardela Springs, Md.

16. Funeral director: The Hill & Johnson Co.,
Address: Salisbury, Md.

19. 12/26 19 40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 23, 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19 1940, to Dec 23 1940 and that I last saw him alive on Dec 19 1940

Immediate cause of death: Intestinal obst.

DURATION: Not

Due to: Underlying cause: Adhesions. Not due to cancer. C.W.S.R.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: ✓

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of:

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work?

23. SIGNATURE: R. M. Wells M. D. or other

Address: Salisbury Date signed: 12/24/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

13151

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Dr

Stay in hospital or inst. (yrs., or mos., or days) mos

Stay in this community (yrs., or mos., or days) 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 313 Broad St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR na

3. (a) FULL NAME Rev. L. P. Walker

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a.a.	married

6 (b) Name of husband or wife Samuel Walker

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Jan 1 1871

8. AGE: Years 69 | Months 11 | Days 3 | If less than one day: hrs. ____ min. ____

9. Birthplace James City V.C.

(Town, county, and state)

10. Usual occupation Minister

11. Industry or business no

FATHER 12. Name Handy Walker

13. Birthplace V.C.

MOTHER 14. Maiden name Nancy Moore

15. Birthplace V.C.

16. Informant Mrs Emma Walker

Address Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 7-1940 (month) (day) (year)

Cemetery or crematory Hanson Mem.

Location Salisbury Md

18. Funeral director James H. Stewart

Address Salisbury Md

19. 12/7 1940 Garfield E. Johnson

(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-1 1939, to Dec 4 1940, and that I last saw him alive on Dec 3 1940

Immediate cause of death Chronic Myocarditis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. A. Tinder M.D. M. D. or other

Address Salisbury Md Date signed 12-6-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

13152

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 month 5 days
Hospital, institution, or street address where death occurred: 128 Riverside Drive
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Deal Island
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Royal Webster

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widower
6.(b) Name of husband or wife: Mollie Webster
6.(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): May 27-1880

8. AGE: Years 60 | Months 6 | Days 29 | If less than one day ... hrs. ... min.

9. Birthplace: Deal Island Md.
(Town, county, and state)
10. Usual occupation: Oysterman
11. Industry or business
FATHER
12. Name: Jabez Webster
13. Birthplace: Deal Island Md.
MOTHER
14. Maiden name: Sallie Shows
15. Birthplace: Deal Island Md.
16. Informant: William Jennings Tankersley
Address: Deal Island Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 29-1940 (month) (day) (year)
Cemetery or crematory: St. Johns Church Cem.
Location: Deal Island Maryland
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Maryland
19. 12/29 1940 Harriet E. Johnson Social Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 26. 1940 19 at 9.55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-26 1940, to 12-26 1940 and that I last saw him alive on 12-26 1940

Immediate cause of death: Carcinoma Stomach

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Phillip A. Tinsley Md. M. D. or other
Address: Salisbury Md. Date signed: 12-27-40

VS A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-A)

13153

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 44 years
Hospital, institution or street address where death occurred:
R.D. # 4.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.D. #4.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Edna Susan White

3.(b) Social Security Number: 214-10-8077

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Gardner White
6.(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): Sept. 2-1896

8. AGE: Years: 44 | Months: 3 | Days: 28 | If less than one day: hrs. min.

9. Birthplace: Salisbury Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Charles H. Guthrie
13. Birthplace: Seaford Delaware

MOTHER
14. Maiden name: Anna Elizabeth Taylor
15. Birthplace: Salisbury Maryland

16. Informant: Mr. Gardner J. White
Address: R.D. #4. Salisbury Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 1-1941 (month) (day) (year)
Cemetery or crematory: Parsons Cemetery
Location: Salisbury Maryland

18. Funeral director: Holloway & Walter K. Holloway
Address: Salisbury Maryland

19. 1/1/41 (Date rec'd by registrar) Hattie E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 30, 1940, at 2:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 13, 1940, to Dec 30, 1940, and that I last saw h.a.v. alive on Dec 30, 1940.

	DURATION
Immediate cause of death: Cerebral hemorrhage	
Due to: Essential Hypertension	(?)
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John H. Heaman M.D.
M. D. or other
Address: 22 Camden Ave. Salisbury, Md.
Date signed: 12-31-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 6 1941
BUREAU V. S.